FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

OMB APPROVAL 3235-0078 OMB Number:

May 31, 2005 Expires: Estimated Average Burden

hours per response 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Real Digital Media LLC Class C Membership Unit Purchase Offering	
Filing Under (check box(ex) that apply): Kule 304 Kule 305 Kule 30	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Real Digital Media LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)	
Address of Executive Offices (Number and Subst, 513)	
1605 Main Street, Suite #1100, Sarasota, Florida 34236 Address of Principal business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)	
Address of Principal dusiness operations (Names and State 1941-951-0130	
(if different from Executive Offices) Same as executive offices	Ë
Brief Description of Business	اسا
	ക
Real Digital Media LLC provides digital sinage products for establishing point-of-purchase marketing, advertising and corporate OCT 0 4 20	
communication networks.	
THE STATE OF THE S	Ð
Type of Business Organization Jimited partnership, already formed Other (please specify) AMCIAI	Ĭ
1 1 COTTO (SHIO)	₽
business trust infinited partitions, to be formed	
Month Year Note of Properties of Organization 07 2002	
A stud or Estimated Date of Incornoration of Urganization V/ 2002	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE	
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CRF.230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the fast five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and if corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Goldberg, Kenneth (Number and Street, City, State, Zip Code) Business or Residence Address 4079 Las Palmas Way, Sarasota, FL 34238 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Fountas, Christopher (Number and Street, City, State, Zip Code) **Business or Residence Address** 5107 Lobo Court, Orlando, FL 32819 ☐ General and/or Promoter Beneficial Owner Executive Officer ☑ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Miller, Daniel (Number and Street, City, State, Zip Code) **Business or Residence Address** 4808 Peregrine Point Circle, Sarasota, FL 34231 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) MILCOM Investments, Inc. (Number and Street, City, State, Zip Code) Business or Residence Address 485 N. Keller Rd, Suite 140, Maitland, FL 32751 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Jeffrey Detwiler (Number and Street, City, State, Zip Code) Business or Residence Address 351 California St., 15th Floor, San Francisco, CA 94104 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Startup Florida Dinner Club I, LLC (Number and Street, City, State, Zip Code) Business or Residence Address 1605 main Street, Suite 1100, Sarasota, FL 34236 General and/or Director Managing Partner Full Name (Last name first, if individual) EAW Investments of Sarasota, LP (Number and Street, City, State, Zip Code) Business or Residence Address 663 Mourning Dove Dr., Sarasota, FL 34236 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Marvin Lader Business or Residence Address (Number and Street, City, S	State, Zip Code)	
641 Bridgeway, Naples, FL 34108		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Michael Baron		
Business or Residence Address (Number and Street, City, S 3316 Horseshoe Bend Ct., Longwood, FL 32779	State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Jason Broom Business or Residence Address (Number and Street, City, S	State, Zip Code)	
1685 Oak St., Sarasota, FL 34236 Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Dale Johnson Business or Residence Address (Number and Street, City, Ci	State, Zip Code)	
1050 Terrace Blvd., Orlando, FL 32803 Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Gavin Stark		
Business or Residence Address (Number and Street, City, \$8246 Eagles Park Drive North, St. Petersburg, FL 33709	State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Clarence Locke		
Business or Residence Address (Number and Street, City, 10342 Myrtle Oak Lane, Seminole, FL 22777	State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Jesse Goldberg		
Business or Residence Address (Number and Street, City,	State, Zip Code)	
8389 47 th Street Circle east, Palmetto, FL 34221 (Use blank sheet, or copy and use additional sheet)	onal copies of this sheet,	as necessary)
f.		
B. INFORMATION A	ABOUT OFFERING	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													Š
1.	Has the	issuer solu	, or does un		•			iling under					
2.	What is	the minim	um investm									\$10,000	
													√ 0
3.													
4.	commis If a pers state or such a b	sion or sim son to be l states, list broker or de	ilar remune isted is an the name of caler, you m	eration for s associated f the broken ay set forth	solicitation person or a or dealer.	of purchase agent of a l If more the	ers in conne proker or de an five (5) p	ection with s ealer registe	iven, directly ales of securered with the e listed are as y.	SEC and/o	or with a	none	
Full Name (Last name first, if individual)													
					street, City,	State, Zip	Code)						
			ker or Deal										
State						Solicit Pur							
	(C	heck "All !	States" or c	heck indivi	dual States)			•••••				All States
		-					СТ	DE	DC	FL	GA	HI	ID
	AL	AK	AZ	AR	CA	CO	CT			MI	MN	MS	МО
	IL	IN	IA	KS	KY_	LA	ME	MD	MA				PA
	MT	NE	NV	NH	NJ	NM_	NY	NC	ND	ОН	OK	OR	
	RI	SC	SD	TN	TX	UT	VT	VA_	WA_	_wv	WI	WY_	PR
Full	Name (L	ast name f	irst, if indiv	idual)									
					Street, City	, State, Zip	Code)						
Nan	ne of Ass	ociated Bro	oker or Dea	ler							·	•	
Stat	es in Whi	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
•	· (C	Check "All	States" or c	heck indiv	idual States	s)				•••••			All States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA_	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK_	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	M 30 00												
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)											•		
Bus	•				Street, City	, State, Zip	Code)						
	siness or I	Residence A		umber and	Street, City	, State, Zip	Code)						
Nai	siness or I	Residence A	Address (No	umber and		y, State, Zip							
Nai	siness or I me of Ass tes in Wh	Residence A sociated Braich Person	Address (No oker or Dea Listed Has	umber and aler Solicited o	or Intends to	o Solicit Pu	rchasers						All States
Nai	siness or I me of Ass tes in Wh	Residence A sociated Braich Person Check "All	Address (No oker or Dea Listed Has States" or o	umber and aler Solicited o	r Intends to	o Solicit Pu	rchasers						
Nai	siness or I me of Ass tes in Wh	Residence A sociated Braich Person	Address (No oker or Dea Listed Has	umber and sler Solicited of	or Intends to	o Solicit Pu s)	rchasers	DE	DC	FL	GA	Н	ĪD
Nai	me of Ass tes in Wh	Residence A sociated Braich Person Check "All	Address (No oker or Dea Listed Has States" or o	umber and aler Solicited o	r Intends to	o Solicit Pu	ct ME	DE MD	DC MA	FL MI	GA MN	HI	ID MO
Nai	me of Ass tes in Wh	Residence A sociated Braich Person Check "All	Address (No oker or Dea Listed Has States" or	umber and sler Solicited of	or Intends to	o Solicit Pu s)	rchasers	DE	DC	FL MI OH	GA MN OK	HI MS	ID MO
Nai	me of Ass tes in Wh	Residence A sociated Braich Person Check "All	Address (Nooker or Dea	Solicited of check indiv	cr Intends to ridual State CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA	FL MI OH WV	GA MN OK WI	HI	ID MO

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security Debt		fering Price	Already	Solu
	Debt				
			0.00	\$ 0.00	
	Equity	\$_	2,500,000	\$ <u>2,03</u>	0,195
	1 \$885,195 represents the conversion of outstanding debt				
	\$1,145,000 represents new cash				
	\square Common \square Preferred ²				
	² The equity is comprised of Class C Membership Units and certain investors will receive warrants for Class C Units in connection with conversions of debt.	_		* 0.00	
	Convertible Securities (including warrants)	_	0.00	\$ 0.00	
	Partnership Interests		0.00	\$ 0.00	
	Others (Specify)		0.00	\$0.00	
	Total	\$	0.00	_ \$ <u>0.00</u>	1
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amounts of their purchases on the total lines. Enter "O" if answer is "none" or "zero."		Number	Aggre Dollar A	
	Type of Security		Number Investors	of Purc	
	Accredited Investors	\$	34	\$ 2,03	30,195
	Non-accredited Investors		0		
	Total (for filings under Rule 504 only)	_	34		30,195
	Answer also in Appendix, Column 4, if filing under ULOE.	Ψ_		·	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Type of Security	Dollar A So	
	Type of Offering		•		
	Rule 505	\$_		\$ <u>0.00</u>	
	Regulation A	\$_		\$ <u>0.00</u>	
	Rule 504	\$_		\$ <u>0.00</u>	
	Total (for filings under Rule 504 only)	\$_		\$ <u>0.00</u>	<u>0</u>
4 a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. This information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$ <u>0.00</u>	0
	Printing and Engraving Costs				
	Legal Fees		×		
	Accounting Fees			\$ <u>0.0</u>	0
	Engineering Fees] \$ <u>0.0</u>	0
	Sales Commissions (specify finders' fees separately)] \$ <u>0.0</u>	0
	Other Expenses (identify) Postage and express] \$ <u>350</u>)
	Total			1 \$ 35.	750
	10121		_	, <u> </u>	

for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4. b above.

\$ 0.00

C. OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS Payments to Officers, Directors, & Payments to Others Affiliates \$0.00 \$0.00 Salaries and Fees Purchase of real estate \$0.00 \$0.00 Purchase, rental or leasing and installation of machinery and equipment \$0.00 \$0.00 \$0.00 \$0.00 Construction or leasing of plant building and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another \$0.00 issuer pursuant to a merger)..... \$0.00 \$267,275 **⋈** \$617,920 Repayment of indebtedness Working capital \$1,109,250 \$0.00 \$0.00 \$0.00 Other (identify) \$0.00 \$0.00 Column Tools **■** \$1,727,170 \$267,275 1,994,445 Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature May 2, 2005 Real Digital Media LLC Title of Signer (Print or Type) Name of Signer (Print or Type) Chief Executive Officer Kenneth Goldberg

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

(E. STATE SIGNATURE			
1,	Is any party described in 17 CF 23 Provisions of such rule?		Yes	No ⊠	
•		See Appendix, Column 5, for state resp	onse.		
2.	The undersigned issuer hereby und	dertakes to furnish to any state administrator	of any state in which this notic	ce is filed	
3.	The undersigned issuer hereby und issuer to offerees.	dertakes to furnish to the state administrators	, upon written request, informa	ation furnis	hed by the
4.	limited Offering Exemption (ULO	that the issuer is familiar with the conditions E) of the state in which this notice is filed an of establishing that these conditions have been	d understands that the issuer c		
	suer has read this notification and know signed duly authorized person.	s the contents to be true and has duly caused	this notice to be signed on its	behalf by	he
Issuer	(Print Name)	Signature	Date		
Real I	Digital Media LLC	R Codbuy	May 4, 2005		
Name	(Print or Type)	Title (Print or Type)			
Kenne	eth Goldberg	Chief Executive Officer	• .		

${\it Instruction:}$

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX			r	
1	Type of security and aggregate investors in State (Part B-Item 1) Type of security and aggregate Type of investor and amount purchased in State (Part C-Item 2)						5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		Х	Class C Units \$2,500,000	1	\$50,000	0	\$0.00		Х
СО							ļ		
СТ									
DE									
DC									
FL		x	Class C Units \$2,500,000	27	\$1,735,445	0	\$0.00		X
GA									
НІ									
ID		1							
IL									
IN									
IA									
KS									
KY								1	
LA	ļ								
ME		ļ							
MD									

				API	PENDIX			,	
1	Intend non-ac inves	to sell to credited tors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			unde ULOI attach es of waive	5 lification r State E (if yes, xplanation r granted) E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MA									
MI		х	Class C Units \$2,500,000	2	\$85,750	0	\$0.00		Х
MN									
MS									<u></u>
МО					:		·		
MT									
NE				18-11					
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН		Х	Class C Units \$2,500,000	2	\$59,000	0	\$0.00		Х
ОК									
OR									
PA									
RI									
SC									

				AP	PENDIX		· · · · · · · · · · · · · · · · · · ·			
1		2	3 4				5			
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
SD									<u> </u>	
TN										
TX										
UT										
VT										
VA										
WA								-		
wv										
WI										
WY										
PR										